



Street & Alley Closure Application

Louisville Metro Planning & Design Services

Case No.: _____

Intake Staff: _____

Date: _____

Fee: **\$160**

Applications are due on Mondays at 2:00 p.m. in order to be processed that week. Once complete, please bring the application and supporting documentation to: Planning and Design Services, located at 444 South 5th Street, Suite 300. For more information, call (502) 574-6230 or visit <http://www.louisvilleky.gov/PlanningDesign>.

Street/Alley Name: _____

Location (e.g. nearest intersecting streets): _____

Number of Adjoining Property Owners: _____

Please submit the following items:

- ☐ Notarized signatures of:
 - Property owners representing at least 51% of all property owners whose property is adjacent to the affected street or alley, OR
 - Property owners representing more than 51% of the linear street frontage.

Note: Sample consent form can be found on last page
- ☐ A written justification statement detailing why the proposed closure is in compliance with the Comprehensive Plan and addressing provisions for adequate public facilities
- ☐ One set of mailing label sheets for: all property owners adjacent to the affected street or alley extending to the nearest intersecting street, and all governmental units having jurisdiction.

Property ownership information can be found at the Property Valuation Administrator (PVA) office at 531 Court Place, Suite 504. Instructions to obtain APO information: <http://www.louisvilleky.gov/PlanningDesign/APO>
- ☐ One copy of the mailing label sheets
- ☐ Four copies of a metes and bounds legal description of the area proposed for closure signed and sealed by a registered land surveyor in the Commonwealth of Kentucky
- ☐ Four copies of a plat (drawn to engineer's scale) that describes the area proposed for permanent closure, including the following elements:

<input type="checkbox"/> Title of the plat	<input type="checkbox"/> Vicinity Map	<input type="checkbox"/> Area proposed for permanent closure outlined in a heavy, solid line and cross-hatched to clearly identify the area
<input type="checkbox"/> Surveyor's name and address	<input type="checkbox"/> Legend	<input type="checkbox"/> Property lines with bearings and distances
<input type="checkbox"/> Source of title, if applicable	<input type="checkbox"/> Plat Scale	<input type="checkbox"/> Location, ownership, mailing address, deed book & page of all adjacent property owners
<input type="checkbox"/> Plan date	<input type="checkbox"/> Street/alley names	<input type="checkbox"/> Existing MSD Easements
<input type="checkbox"/> Revision date	<input type="checkbox"/> Right of way, with widths shown	<input type="checkbox"/> Proposed MSD Easements
<input type="checkbox"/> North Arrow	<input type="checkbox"/> Net and gross acreage of site	<input type="checkbox"/> Land Surveyor's Certificate
- ☐ If the closing or abandonment is requested in connection with a proposed project, one copy of the proposed site plan
- ☐ \$ 160 Application Fee (*Cash, charge or check made payable to the Department of Codes & Regulations*)

Contact Information:

Owner: ☐ *Check if primary contact*

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Alternate Phone: _____

Email: _____

Owner Signature (required): _____

Applicant: ☐ *Check if primary contact*

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Alternate Phone: _____

Email: _____

Attorney: ☐ *Check if primary contact*

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Alternate Phone: _____

Email: _____

Plan prepared by: ☐ *Check if primary contact*

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Alternate Phone: _____

Email: _____

Certification Statement: A certification statement **must be submitted** with any application in which the owner(s) of the subject property is (are) a limited liability company, corporation, partnership, association, trustee, etc., or if someone other than the owner(s) of record sign(s) the application.

I, _____, in my capacity as _____, hereby
representative/authorized agent/other

certify that _____ is (are) the owner(s) of the property which
name of LLC / corporation / partnership / association / etc.

is the subject of this application and that I am authorized to sign this application on behalf of the owner(s).

Signature: _____ Date: _____

I understand that knowingly providing false information on this application may result in any action taken hereon being declared null and void. I further understand that pursuant to KRS 523.010, et seq. knowingly making a material false statement, or otherwise providing false information with the intent to mislead a public servant in the performance of his/her duty is punishable as a Class B misdemeanor.

CONSENT TO STREET OR ALLEY CLOSURE

I have been notified that an application to close _____ (*street/alley*) will be filed with the Louisville Metro Planning Commission. The Planning Commission will make a recommendation concerning the closure to the legislative body having jurisdiction over the street / alley described above.

I, as an abutting property owner to the street / alley being closed, do hereby consent and agree to the closure.

Property Owner Signature: _____

Name: _____

Owner Address: _____

Subscribed and sworn to, before me, by _____,
this _____ day of _____, 20____. My Commission expires: _____.

Notary Public: _____